

**MAY, 1998**

**WEST VIRGINIA INFORMATIONAL LETTER**

**NO. 111**

**TO: ALL HEALTH MAINTENANCE ORGANIZATIONS DOING BUSINESS IN WEST VIRGINIA**

**RE: HMO SUBSCRIBER BILL OF RIGHTS FORM / HMO ANNUAL EMERGENCY SERVICE REPORTS**

**BILL OF RIGHTS**

West Virginia Senate Bill 361 passed March 14, 1998 and becomes effective June 12, 1998. The Bill mandates that all managed care plans give their subscribers a notice of certain rights (The Notice). The Notice must be given on a form prescribed by the West Virginia Insurance Commissioner (Commissioner). HMO's are instructed by this letter to use the following form of notice:

**Notice of Subscriber Rights**

1. You have the right to pursue grievance and hearing procedures without reprisal from the Health Maintenance Organization (HMO).
2. You have the right to choose a participating Primary Care Physician (PCP), and with proper referrals, select a participating specialist.
3. You have the right to privacy and confidentiality with regard to your personal information.
4. You have the ability to examine and offer corrections to your own medical records.
5. You have the right to be informed of plan policies and any charges for which you may be responsible.
6. You have the ability to obtain evidence of medical credentials of a plan provider such as diplomas and board certifications.
7. You have the right to have coverage denials reviewed by appropriate medical professionals consistent with the HMO's review procedures.

Beginning on July 1, 1998, HMO's must provide The Notice to all new subscribers upon enrollment and to all existing subscribers upon contract renewal. All HMO's must, **before using their respective Notice forms**, file The Notice form with the Commissioner and **obtain the Commissioner's approval** of the form.

Filings should be mailed to:

West Virginia Insurance Commissioner  
Rates & Forms Division  
ATTN: Thomas Marchio, Director  
P. O. Box 50540  
Charleston, WV 25305-0540

### **EMERGENCY SERVICE REPORTS**

House Bill 4043 passed March 14, 1998 and becomes effective on June 12, 1998. The bill mandates that the West Virginia Insurance Commissioner (Commissioner) require HMO's to submit periodic reports on emergency services utilization and cost. This letter is to inform all HMO's operating in West Virginia that they must annually (each fiscal year) complete the following report:

#### **Emergency Service Statistics**

Emergency Service Encounter Rates Per 1000 \_\_\_\_\_  
Total Emergency Service Encounters For Time Period 7/1/97 - 6/30/98 \_\_\_\_\_  
Total Cost of Emergency Service Encounters From 7/1/97 - 6/30/98 \_\_\_\_\_  
Cost Per Emergency Service Encounter \_\_\_\_\_  
Cost Per Member Per Month \_\_\_\_\_  
Emergency Service Denials From 7/1/97 - 6/30/98 \_\_\_\_\_

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Beginning October 1, 1998 for the reporting period July 1, 1997 to June 30, 1998 (a fiscal year) and for each fiscal year thereafter all HMO's must submit the above emergency services report to the Commissioner by no later than October 1 of each year. The report should include the indicated data for all emergency services, including, but not limited to, emergency room and emergency transportation. The report should be sent to:

West Virginia Insurance Commission  
Consumer Advocate Division  
ATTN: Nell Phillips, Director  
P. O. Box 50540  
Charleston, WV 25305-0540

Hanley C. Clark  
Insurance Commissioner